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**Feb 03 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005432 (8)

1. Corporation Name
IHS ENVIRONMENTAL INFORMATION INC.



Principal Place of Business
**C/O TBG SERVICES INC.
565 FIFTH AVENUE
NEW YORK NY 10017-2413**

Mailing Address
**C/O TBG SERVICES INC.
565 FIFTH AVENUE
NEW YORK NY 10017-2413**

3. Date Incorporated or Qualified **11/06/1995** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-2823479		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				FL		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, L C	1.2 NAME	
STREET ADDRESS	15 INVERNESS WAY EAST	1.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD CO 80150	1.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURNHAM, BRIAN	2.2 NAME	
STREET ADDRESS	912 SPRINGDALE DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	EXTON PA 19341	2.4 CITY- ST- ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, GILBERT	3.2 NAME	
STREET ADDRESS	15 INVERNESS WAY EAST	3.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD CO 80150	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ROBERT B	4.2 NAME	
STREET ADDRESS	565 FIFTH AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10017	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIO, STEPHEN J	5.2 NAME	
STREET ADDRESS	912 SPRINGDALE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	EXTON PA 19341	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, TERRENCE	6.2 NAME	
STREET ADDRESS	912 SPRINGDALE DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	EXTON PA 19341	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Robert B. Levine* **ROBERT B. LEVINE** **VICE-PRESIDENT** 1/8/97 212-850-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)